in Full	Stict Bon	n.			CERTIFICAT	E OF DEATH		
		ru.	Washing	tou.	MARY	LAND		
B d	Date of death 1903 Month	Day	Agg Years	M	Months Days			
TO BE ANSWERED B	Sex male	Color or W	hete.	Birth- place				
	Occupation Where Residing If not at place of death							
	Married, Single Nayl,	Name of Wile or Husband						
	Father's Charles M. alsip.			Father's Birthplace				
	Mother's Maiden Name Dodie Mongaw.			Mother's Birthplace				
U	Name of person giving In formation			How related to deceased				
		CAUSE	S OF DEATH					
	Primary State 10	on.		How long				
CIAN	Immediate		10	How long				
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Mole	Moor	nsou			
0 R			Address .	MES	Show	w,		
	Accident or Suicide?			1				
					LIBRARY BUREAU	A88618		

Tun Copy, 6A Scheece July 11, 1907

Name in Full	Ido F. Ban	mu	/ ·		CERTIFIC	ATE OF DEATH	
	Town	ou.	Theshung	Van.	MA	RYLAND	
>-	Daye of death 1903 Mog	Day	Age 27		onths //	Days 14	
ED B	Sex Temale	Color of 200	hete.	Birth- place			
ANSWERED	Occupation		Where Residing if not at place of death				
	Married, Singla Name of Wife or Husband						
IN E					Father's Birthplace		
P. Z	Mother's Maiden Name Anal Boward				Mother's Birthplace		
	Name of person giving In formation		'	How relate to decease			
	2	CAUS	ES OF DEATH	1			
	Primary & Belefs	sy,		How long	wee C	-	
CIAN	Immediate /			How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	6.	Signature of Physician	V. Mou	chau	1	
PHO			Address SX	agusti	wu.	nud	
	- Accident or Suicide?					(
6					LIBRARY BURE	AU A66616	

Line Coopy L. P. Scheller July 11, 1904

Name in Full	Elizabeth (Bester	/		CERTIFICAT	E OF DEATH	
FUI	Died of Wagustow	ew.	20111/202	LAND			
ED BY	Date of death 1903 Month	18 Day	Age 83		nths	Days	
	Sex. Frual.	Color or Son	hete,	Birth- place	шиан	uy	
ANSWERED	Occupation A.		Where Residing if not at place of death			,	
	Married, Single Modow Name of Wile or Husband Lester			ter.			
TO BE				Father's - Birthplace			
	Mother's Maiden Name Elsa Baunu.				Mother's Birthplace		
	Name of person giving In formation			How related to deceased			
		CAUS	ES OF DEATH				
	Primary Jewelity			How long			
RONER	Immediate			How long	-		
PHYSICIAN R CORONEI		Are the name, age, sex, color, date Signature of			LER		
- C	0	1	Address // a	g Erf	town,	Med	
/	Accident or Suicide?						
					LIBRARY BUREAU	A86518	

CR. Schieler, July 11, 1904 Iru Copy

Name in Full	I Halter Bownan.					CERTIFICA	ATE OF DEATH
	Died at Hamstow	u.	Than	Lugda	ia	MAI	RYLAND
BY	Date of death 190 3 Month	Day 2	Age Z	43	Mon	ths	Days
	sex Male.	Color or Sur	lite.		Birth- place	29 us	low.
NSWERED	Returned		Where Resi		-		
< # H	Married, Single or Widowed Morne d.	Name of Wife or Husband	Lilly	Down	ma	w.	
N EA	Father's Gro. R. Boroman.				Father's Birthplace		
40	Mother's Maidon Name Cacharin Tuenawalt.			walt.	Mother's Birthplace		
	Name of person giving In formation				How related to deceased		
		Causi	ES OF DEAT	н			
	Primary Parese	0			How long		
CIAN	Immediate Euchau	sheav			How long	-	
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	6 a.	Mar	ehe	m.
G &			Addres	s D Lag	who	wa	md
	Accident or Suicide?			7			
					L1	BRARY BURE	AU ABBB16

True Copy CA. Scheeler July 11, 1904

Name in 010810 Full CERTIFICATE OF DEATH MARYLAND Days Date of death 1 90 3 0 Color of may ANSWERED FRIEN Where Residing if not at place of death REST Married, Single Name of Wite or or Widowed TO BE shalles Father's Father's Name Birthplace Carrie Mother's Mother's Maiden Name Birthplace Name of person giving How related Imformation to deceased CAUSES OF DEATH Primary How long 4 days. RONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of ō and place correctly given above? Physician Adda OR Accident or Suicide? LIBRARY MUREAU ASSOLI

Ine Coopy July 11.1907

Name	1 Ta	12				
Full (Daisy Sell	(In	rueck'		CERTIFIC	ATE OF DEATH
	1/ Town		5/ 0	County		
	Died at / pagustown		Moshen	egetar.	MA	RYLAND
	Date 6 Month	Day	Years		Months	Days
>-	of death 1963 3	X	Age 20		X	
EO B	Sex Frinale	Color or Sun	ut.	Birth- place		
ANSWERED	Jausewitt.	la	Where Residing at place of deatl			
	Married, Single Widow	Name of Wife or Husband	Han (howe	,	3
E A	Father's Name Officer	er's place				
10	Mother's Maiden Name Marika 4		Mother's Birthplace			
	Name of person giving In formation			How re to deci		
		CAUSI	SOF DEATH	**		
	Primary Gnhhe,			How to	l une	IC.
CIAN	Immediate Quill Person	tout	ís	How lo	2 201C	D.
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	is.	Signature of C	N. Sha	agau	
0 K			Address	Magus	howe	Made
>	Accident or Suicide?				_	
					LIBRARY BURE	AU AGGOTG

True Corpy. Lett. Schielle July 11, 1902

Name in Full	Lolar Al Lon				CERTIFICAT	E OF DEATH	
1	Died at Joung Town	noe.	County	,	MARYLAND		
6	Date of death 190 3 Month	Day 22	Age	Mo	Months Day		
FRIEND	sex Male	Color or Race	hite	Birth- place			
	Occupation		Where Residing if not at place of death			18	
	Married, Single Maower	Name of Wife or Husband					
TO BE	Father's Phillip Crow.			Father's Birthplace			
	Mother's Maiden Name		Mother's Birthplace				
	Name of person giving Imformation		How related to deceased				
		Causi	S OF DEATH				
	Primary Chronice	Neph	ritis	How long			
SICIAN	Immediate (Exhaus >	ion	1.0	How long			
PHYSICIAN R CORONEI	Are the name,age,sex,color.date and place correctly given above?		Rucho	rd.			
G HO			Address	airpla	g. med		
1	Accident or Suicide?			10			
· U					UABRUS YRASELL	ARRETS	

True Cofoy, CA. Schier July 11, 1904

Name Elauney in Full CERTIFICATE OF DEATH Courty MARYLAND Months Days Date of death 190 .7 ARM 大田 Color or Race Birth-ANSWERED FRIEN place Occupation Where Residing if not at place of death Elauney Married, Single Morried Name of Wile or Husband TO BE Father's Father's Name Birthplace Mother Mother's Birthplace How related Name of person giving to deceased Imformation CAUSES OF DEATH Primary How long DRONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSSTS

One leofoy. Co. Deheller uly 11, 1904

Died at Sunokelowu Wash, MARYL	AND		
Date of death 1903 3 Bay Age OU Months	Days		
Sex Mall Color or Race What E place Occupation of Where Residing if not at place of death Married, Single Morried. Name of Wile or Husband Name of Widowed Husband			
Father's Name Dic/ Birthplace			
Mother's Maiden Name Dorbory Deachley, Mother's Birthplace			
Name of person giving How related to deceased			
CAUSES OF DEATH			
Primary Lyphoid neumoura. Howling 8 days	,		
Are the name, age, sex, color, date and place correctly given above? Is. Address			
Address Doors Voro,	ud)		
Accident or Suicide?			

Frue Copy. 6P. Scheller July 11, 1902

Name in Full	John Q. Dugaw.					TE OF DEATH	
	Died at Hullaures	Mayueback Hashington.			MARYLAND		
	Date of death 1903	Day	Age 69	М	onths O	O Days	
ERED BY	Sex Mall	Color or So	hete.	Birth- place			
- 1	Occupation		Where Residing if not at place of death				
July .	Married, Single Morried,						
TO BE				Father's Birthplace			
				Mother's Birthplace			
	Name of person giving In formation			How relate to decease			
	0	CAUS	ES OF DEATH				
	Primary Otheromale	us Cono	1 hou of Other	How long	2 4 ho	us,	
ICIAN	Immediate Cerebral	Kenn	magina	How long	c		
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above?	Lo.	Signature of Physician Cheo	Hoos	6		
O B O	1		Address 5/1	Mean	sport	1,	
A	Accident or Suicide?				M	L	
					LIBRARY BUREA	U A86918	

True boky loRscheelu July 11, 1904

Name in (Quarunger Full CERTIFICATE OF DEATH MARYLAND Months Day Days Date of death 190 Age 0 ۵ Color or Birth-ANSWERED FRIEN place Race Occupation Where Residing If not at place of death Name of Wife or Married, Single or Widowed EJ CO usiel Cuemunger acharnie Dodd. Father's Father's Birthplace Name 0 Mother's Mother's Maiden Names Birthplace Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long ONER How long PHYSICIAN Immediate CORC Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Œ 0 Accident or Suicide? LIBRARY BUREA

True Copy, le Richer July 11, 1901

Name in Full	Eva myste	Gel.	macher.		CERTIFICA	TE OF DEATH	
	Died at Locust	Inou	Washing	1/or	MAR	RYLAND	
,	Date of death 190 3 Month 3	3 Day	Age 6	M	onths	Days	
ED BY	Sex Finale	Color or W	hete.	Birth- place			
ANSWERED REST FRIENI	Оссиратіон		Where Residing if not at place of death				
	Married, Single Jude	Name of Wile or Husband					
TO BE	Father's Name John Selbru ocher, Father's Birthplace						
Ĕ	Mother's Mary Q. Mary Q.	er's My Mother's					
	Name of person giving In formation	e of person giving How relate					
	1	CAUSI	ES OF DEATH				
	Primary	1811		How long			
CIAN	Immediate Peril	Trite	Ó a	How long	2 day	5.	
PHYSICIAN R CORONEI	Are the name, age, sex, color. date and place correctly given above?		Signature of Physician	1. 200	ris		
H &			Address	R	1	-7	
. //	Accident or Suicide?		K	Tous	boro	Md.	
					LIBRARY BUREA	U A68516	

Tun Copy. Ch. Joheller

Name in Full CERTIFICATE OF DEATH Town MARYLAND Months Days Date of death 190 Age Color or Birth-ANSWERED FRIEN place Occupation Where Residing if not at place of death Name of Wite or Married, Single Husband or Widowed NEAF TO BE Father's -Father's Name Birthplace Mother's Mother's Mother's Maiden Name Munice Birtholace How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long Meningitis CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSESS

Vrui Copy le Robellu July 11, 1904 -

Name Full CERTIFICATE OF DEATH Died at MARYLAND Month Day Months Days Date 0 15 of death 190 BY Color or Birth-FRIEND ANSWERED place Occupation Where Residing if not at place of death NEAREST Married, Single Name of Wite or Husband or Widowed TO BE Father's Father's Name Birthplace Mother's Mather' Maider Name Birthplace Name of person giving How related to deceased In formation CAUSES OF DEATH Primar How long ONER How long PHYSICIAN Immediate CORC Are the name, age, sex, color. date Signature of and place correctly given above? Physician Addie OR Accident or Suicide? LIBRARY BUREAU ASSSIS

True Coopy, 6 Reheew July 11, 1907,

in Full	Cacharnie (8	lood			CERTIFICAT	E OF DEATH
	Died at Hogysto.	wie	Hash	County M	-	MARY	LAND
× 8	Date of death 1903 Month	27	Age Years		Mon	1	Days
NSWERED	Sex Fernale	Color or M	hete.	B	Birth- blace		
	Occupation		Where Residing It at place of death	f not			
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Dory Go	d			ather's Birthplace		
	Mother's Maiden Name Churil	Bor	EU		Mother's Birthplace		
	Name of person giving In formation				How related to deceased		
	04	CAUS	ES OF DEATH				
	Primary Duphick	end		ŀ	low long	_	
RONER	Immediate (1	•			low long	_	n
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above?	w.	Signature of Physician	Chi	iten	naw	
P RO	X		Address	Stela	AUC	un	_
	Accident or Suicide?					Pa	
					L15	UABRUE YRASE	A88516

True Cofey leRScheeler July 11/04

Name Full CERTIFICATE OF DEATH County Died at MARYLAND Month Day Date Months Days of death 190 3 Age B REST FRIEND Color or Race Birth-ANSWERED place Occupation Where Residing if not at place of death Married, Single Name of Wite or or Widowed Husband TO BE Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primar How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician OC. Address 0 Accident or Suicide? LIBRARY BUREAU ABSS16

True Copy, CR. Achelles aly 11, 1904

in Full	Ernest Gr	ush			CERTIFICA"	TE OF DEATH	
	Died at Junish	wu	Hashing			YLAND	
≻	Date of death 1903 3	28	Age / G	Mo	nths	Days 20	
- Ini	Sex male	Color or Race	hite	Birth- place			
ANSWERED	Occupation		Where Residing if not at place of death				
	Married, Single Juigle,	Name of Wile or Husband					
E A				Father's Birthplace			
è z	Mother's Maiden Name Mother Birth						
	Name of person giving Imformation			How related to deceased			
		CAUSE	S OF DEATH				
	Primary Juliercu	locis		How long			
JAN	Immediate Meart Fo	ilure		How long	4		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of 6, 9	Mug	ud		
PI			Address	Fund.	show	mol	
8	Accident or Suicide?				4-7-		
					PARABY BUREAU		

Orne Coopey. Cop Deheem July 11, 1901

Name in annersla CERTIFICATE OF DEATH Full MARYLAND Months Davs Month Date of death 1900 a Color or A Birthmale ANSWERED FRIEN place Occupation Miller Where Residing if not at place of death REST Name of Wife or aun Stammusla Married, Single Morried Husband TO BE Father's Machias Stammusla Father's Birtholace Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEATH Primary How long 10 days. CC. How long PHYSICIAN RON Are the name.age.sex.color.date Signature of 0 and place correctly given above? Physician Address œ Accident or Suicide? LIBRARY BUREAU ABBBIE

True Copy, le P. Schulu July 11, 1904

Name in Full CERTIFICATE OF DEATH MARYLAND Months Age 10 BY Color or Birthmale ANSWERED FRIEN place Race Occupation Where Residing if not at place of death Married, Single Morrie Name of Wife or Husband Father's Father's Birthplace Name To Mother's Mother Birthplace Name of person giving How related to deceased Mormation CAUSES OF DEATH How long Primary ONER How long PHYSICIAN Immediate OC, Are the name, age, sex, color. dayé Signature of and place correctly given above! Physician Addres 00 Accident or Suicide?

True Copy, Da Achelle

Name in Full	Begge Homes		CERTIFICA	TE OF DEATH
	Died at Olearsking Wash		MARYLAND	
>	of death 190 3 Bith Age 13	Mor	oths	Days
ED BY	Sex Frual, Color or While	Birth- place		
ANSWERED REST FRIEN	Occupation Where Residing if not at place of death			- 1
TO BE ANSW	Married, Single 4 Name of Wile or Husband			
	Father's Franklin Momes.	Father's Birthplace		
	Mother's Marden Name	Mother's Birthplace		
	Name of person giving In formation	How related to deceased		
	A CAUSES OF DEATH			
	Primary Drofesy	How long	29r	0
RONER	Immediate ,	How long	1	
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above? Signature of Physician Physician	n K	nie ?	udeston
P S	Address Cle	arpr	uif.	1119
2	Accident or Suicide?		9	1
		LI	INRARY BUREA	U AUBLIB

Ince Coopy. July 11. 1904

Name in Jissie CERTIFICATE OF DEATH Full MARYLAND Day Months Date of death 190 A 0 Birth-Color or FRIENT ANSWERED piace Occupation Where Residing if not at place of death REST Name of Wite or Married, Single Husband or Widowed Father's Father's Birthplace Name To Mother's Mother's lune Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long CORONER A w long PHYSICIAN Immediate Are the name, age, sex, color.date Signature of and place correctly given above Physician Address Accident or Suicide?

Tue Copy. Cot Schelle July 11. 1904

Name in CERTIFICATE OF DEATH Full 1 Town MARYLAND Months Month Davs Day Date of death 190 BY ۵ Birth-Color or ANSWERED REST FRIEN place Occupation Where Residing if not at place of death Name of Wile or Married, Single. or Widowed Widowor, Husband TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long RONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of 00 and place correctly given above? Physician S Accident or Suicide?

True Coopy leRtchellu July 11/04

in	Isarah Here	110.				CERTIFICA	ATE OF DEATH	
	Died at Hagustowa. Washington.					MARYLAND		
× a	Date Month of death 1903	Day		ears	Mo	nths	Days	
NSWERED ST FRIEND	Sex Mule	Color or Race	bloved		Birth- place			
	Dacker,		Where Resi	ding if no Due	leaur	asy	leur	
	Married, Single or Widowed Morried	Name of Wife or Husband	Cynic	hia W	hite.			
	Father's Name		0		Father's Birthplace	-		
	Mother's Maiden Name				Mother's Birthplace	_		
	Name of person giving In formation				How related to deceased			
		CAUS	ES OF DEAT	н				
	Primary Zuleercy	close		1	How long	2 900		
CIAN	Immediate		01 -		How long	0		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signate Co. Piysician	dby as	M. Cent	free	,	
O B O	2		Addres	Stag	ustor	fre av	d	
8	Accident or Suicide?			/		IDRARY BURE	<u></u>	

Inu Copy le P. Acheeu. July 11, 1902/

in Full	Charles W. Lo	unn	chause		CERTIFICATE OF DEATH
,	Died at Hellaus	soch.	Hoshus	gloc.	MARYLAND
>	Date of death 1903 Month	Day	Age 78	Mor	nths Days
ED BY	Sex Male	Color or SM	ute,	Birth- place -	
VER	Rolling Merc	haux.	Where Residing if not at place of death		
- Balan	Married, Single Marrie d	Louse			
TO BE	Father's Chas. Auc	Father's Birthplace			
F	Mother's Cachari	Mother's Birthplace	Birthplace		
	Name of person giving In formation	How related to deceased	How related to deceased —		
		CAUSI	S OF DEATH		
	Primary acute next	hritic)	How long	m Zears
CIAN	Immediate & Laus	trair	,	How long	0
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above? Signature of Physician Physician				nchause.
Q E			Address No	gusto	wu my
8	Accident or Sulcide?			0	
0				L	JERARY BUREAU ASSSTS

Time Copy, lekSchieen July 11. 1902

Name in Full	Richard Sa	annas	Keeler	/ c	ERTIFICATE OF DEATH
	Died at Naguston	vy.	Washing	otac.	MARYLAND
>	Date of death 1903	26	Age 7	Month 2	
EN	Sex male	Color or Race	hia	Birth- place	
ANSWERED BY REST FRIEND	Occupation		Where Residing if not at place of death		
ANS	Married, Single or Widowed	Name of Wile or Husband			
NEA	Father's Robert	Ske	ele.	Father's Birthplace	
P 2	Mother's Maiden Name Rock	Kahu	96	Mother's Birthplace	
	Name of person giving In formation			How related to deceased	
		CAUS	ES OF DEATH		
	Primary Tubercu	los	io	How long	ice birch.
RONER	Immediate	. *		How long	
PHYSICIAN R CORONE	Are the name, age, sex, color.date and place correctly given above?		Signature of Physician	Hen	After.
0 80			Address	gusto	cac shot
8	Accident or Suicide?		7 6	1	/,
		A		LIBR	ARY BUREAU ASSOIS

Live Coopy * Col Scheen July 11, 1904

Name	000						
Full	John Fau	esou	/ , /		CERTIFICA	TE OF DEATH	
/	Died at Green &	1 /	Wash ounty		MAR	YLAND	
à C	Date of death 1903 Month	Day	Age 65-	M	Onths	Days	
	Sex male			Birth- place			
ANSWERED REST FRIEN	Occupation		Where Residing if not at place of death				
	Married, Single Name of Wile or Husband Husband						
TO BE	Father's Name			Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
	Name of person giving Imformation				How related to deceased		
		CAUSE	SOF DEATH			3	
	Primary Valoulor .	Diseas	1 of Dead	How long			
CIAN	Immediate			How long			
PHYSICIAN R CORONEI	Are the name,age,sex,color.date and place correctly given above?		Signature of A	o Fos	lei		
Q 8			Address	Pleary	buy	Md	
8	Accident or Suicide?			V	0		
					LIBRARY BUREA	U A89016	

True Copy P. Poheen July 11, 190 -

Name in eathernaus Full CERTIFICATE OF DEATH County / Died at MARYLAND Month Months Days Date of death 190 . 6 Color or Birth-ANSWERED FRIEN Emale place Occupation Where Residing if not at place of death Married, Single Married Name of Wile or Husband TO BE Father's Father's Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related Imformation to deceased CAUSES OF DEATH Primary How long Bruks. CORONER How long PHYSICIAN nound. Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 00 Accident or Suicide? LIBRARY BUREAU ASSSIS

True Copy, CR. Schelly July 11. 1904,

Name	6				
in Full	Comma Lefever.	C	ERTIFICATE OF DEATH		
	Died at Milliams sport Washing 16	-	MARYLAND		
	Date of death 1903 Month 2 7 Age 48	Month	Days		
ED BY	Sex Fruale Color while	Birth- place			
ANSWERED REST FRIEN	Occupation Where Residing If not at place of death	N. Ley	locs.		
	Married, Single Werned Name of Wile or Hysband				
TO BE	Father's Joseph Lyurs.	Father's Birthplace			
	Mother's Mayden Name	Mother's Birthplace			
	Name of person giving Information	How related to deceased			
	CAUSES OF DEATH		/		
	Primary Consumption	How long	mo.		
CIAN	Immediate Prostform.	How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color.date and place correctly given above? Signature of Physician Physician	techos	Isou.		
O HO	Address Hu	leaus	port My		
2	Accident or Suicide?	6	1		
		LIB	BARY BUREAU ASSSIS		

True Coopy. Cott Scheeler July 11. 1904

Name							
in Full —	ternie dies	e	,		CERTIFIC	ATE OF DEATH	
1	Died at Bellevie a	Ley lun	Hash	centy centre	A M	RYLAND	
, (Date of death 1903 Month	30	Age Years		Months 0	Days O	
ED BY	Sex Female	Color or ZU	hete	Birth- place			
ANSWERED REST FRIEN	Occupation N. W.		Where Residing is at place of death	f not		•	
ANS	Married, Single Minud	Name of Wile or Husband	Leter	Luce		100	
TO BE	Father's Hornson Meen au			Father's Birthplace	Father's Birthplace		
 -	Mother's Marden Name			Mother's Birthplace	Mother's Birthplace		
	Name of person giving In formation		How related to deceased				
		CAUSE	S OF DEATH				
	Primary Car curous	1 of 20	lenis	How long	_		
CIAN	Immediate Septicon	1	nariti	How long	_		
PHYSICIAN R CORONEI	Are the name, age vex, color, date and place correctly given above?		Signatura of M	1 Bullo	mso	w	
O R	0		Address	Heagus	town	1. Md	
	Accident or Suicide?			1			
					LIBRARY BUS	EAU ABBBIG	

Drue Copy, Schelle July 11, 1904

Name		
in Full	Unive Loy holds.	CERTIFICATE OF DEATH
	Died at Trego. Wash	Sounty Tou MARYLAND
ED BY	Date of death 1903 Month 2 2/ Agg /	Months Days 2 2
	sex Fernale Color or white.	Birth- place
ANSWERED REST FRIEN	Occupation Where Residing if at place of death	not
	Married, Single Mu (Name of Wile or Husbard	
N EA	Father's audrew Loy pold	Father's Birthplace
10 T	Mother's Marden Name Morn & Shows.	Mother's Birthplece
	Name of person giving In formation	How related to deceased
	CAUSES OF DEATH	
	Primary Meumonia	Howlong 2 works.
IAN	Immediate	How long
PHYSICIAN R CORONER	Are the name, age, sex, color. date and place correctly given above? Signature of Physician	o. D. Vooker.
8 B	Address	80
A	Accident or Suicide?	Chrusville Md.
		LIBRARY BUREAU ASSIS

Sur look July 1

Name Jeulan Maushu in Full CERTIFICATE OF DEATH MARYLAND Months Days of death 1 90 3 FRIEND Birth-Color or Race ANSWERED place Occupation Where Residing if not asmer at place of death NEAREST Married, Single Normed Name of Wile or Husband TO BE Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related Imformation to deceased CAUSEO DEATH Pumar How long CORONER How long PHYSICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Addi œ 0 Accident or Suicide? LIBRARY BUREAU ASSSIS

The Copy CR Nobilly July 11, 1904,

Name in Full U	Still Barn Grown	hud of	anhan Mr.	Ming & CERTIF	ICATE OF DEATH
	Died at Magustown		Washin	ejla n	ARYLAND
BY	of death 1903	26	Age Years	Months	Days
	Sex Finale	Color or Race 101	helo	Birth- place	
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed	Name of Wife or Husband			
TO BE	Father's John arch	un Mon	ninger)	Father's Birthplace	
F	Mother Manden Name annul	Went	1 / 1	Mother's Birthplace	
	Name of person giving Information		/	How related to deceased	
		CAUSE	S OF DEATH		
	Primary Still Br	ru)	2	How long	
CIAN	Immediate			Howlong	
PHYSICIAN R CORONEI	Are the name,age,sex,color.date and place correctly given above?		Signature of MB	Moms	ou-
P R			Address No	gustoro	n nd
	Accident or Suicide?	`	-/()	7	,
				LIBRARY BL	REAU ASSSIS

True befoy, CReheen July 11, 19 04

Name CERTIFICATE OF DEATH MARYLAND Months Days of death 1903 Age Birth-Color or Race FRIENI ANSWERED place Occupation Where Residing if not at place of death Name of Wine or Husband Thur Mouning. Married, Single or Widowed BE Father's Birthplace 10 Mother's Mother's Birthplace Name of person giving -How related In formation to deceased CAUSES OF DEATH How long ONER How long PHYSICIAN CORC Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSOIS

True leofey, lett. Scheeler July 11,1904

Name machur in CERTIFICATE OF DEATH Full rousoule County MARYLAND Months Days of death 1903 Age 0 Birth-Color or ANSWERED Race place FRIE Occupation tone mason Where Residing if not et place of deeth Married, Single Mome Name of Wife or Martin Husbend NEA TO BE là maitin. Father's Father's Birthplace Name Mother's Mother's Maiden Name Birthplace Name of person giving How related to deceased In formation CAUSES OF DEATH Primar How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly wen above? Physician Address Accident or Suicide?

Vin Copy Le Deheelie July 11.1904,

Name	n. h.					
Full	Mary Mayley			CERTIFICATE OF DEATH		
	Died at I Kagustokon.	Hashing Ta	en i	MARYLAND		
	Date Monty Day of death 190 3 3 9	Age 59	Mon			
ED BY	Sex Fernal Color or Ca	land	Birth- place -			
ANSWERED REST FRIEN	Occupation	-				
ANSW	Married, Single or Widowed Musband Name of Wife or Husband					
E A	Father's Name	~ .	Father's Birthplace	_		
10	Mother's Margen Name			Mother's Birthplace		
	Name of person giving	How related to deceased				
	CAUS	ES OF DEATH				
	Primary aun dice		How long	L'mos.		
N E B	Immediate	5	How long	0		
PHYSICIAN R CORONER		Signature of Physician	1Det	(indel)		
0 E O		Address	dush	ron, Mcl		
8	Accident or Suicide?	/ ()	The state of the s	, (,		
		V	L	BRARY BUREAU ABERIS		

True Copy le R. Scheeler July 11.1904

Name in Full CERTIFICATE OF DEATH Died at Muliams Soul. County MARYLAND Months Days Date of death 190 . 3 Sex Franale. Color or Birth-ANSWERED FRIEN place Occupation Where Residing if not at place of death Name of Wile or Married, Single Morned Husband TO BE Father's Father's Birthplace Mother's Mother's Birthplace Maiden Mame How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary ONER How long PHYSICIAN CORC Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LISBARY BUSEAU ASSOIS

Vrue loopy CA Deheeu July 11, 1904

Name	7111 000				
Full (Upton Cowles.		CERTIFIC	ATE OF DEATH	
D BY	Ged at Bulevill asylum Hushing to	ac ,	MA	RYLAND	
	Date of death 1903 3 Age 83	Mon	ths	Days	
	Sex Male Color or White,	Birth- place			
ANSWERED	Occupation Cachenter, Where Residing if not at place of death				
TO BE ANSW	Married, Single Andowry Name of Wile or Macgaret (Torole	0,		
	Father's Name ocob Cowles, Father's Birthplace				
	Mother's Mayden Name Birthp				
	Name of person giving Information	How related to deceased			
	Causes of Death				
	Primary Gu. Debelety	How long	6 mi	20	
CIAN	Immediate Extruction	How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color. date and place correctly given above? Signature of Physician Physician	lles	ma	au.	
P. B.	Address OKa	gust	0000	v. Med	
X	Accident or Suicide?	/			
-		LI	BRARY BURE	EAU A88814	

True loopy. Chelen July 11, 1904

in Full	If in ashing (Price,	CERTIFIC	CATE OF DEATH		
ANSWERED BY REST FRIEND	Died at Or g Gool	M	ARYLAND			
	Date Month Da of death 1903	Age Years	Months	Days		
	Sex Male Color or Race	whete.	Birth- place			
	Occupation	Where Residing if not at place of death				
	Married, Single Morried Name of V or Widowed Musband	Vile or				
TO BE	Father's Name	Father's Birthplace				
	Mother's Maiden Name	Mother's Birthplace				
	Name of person giving Imformation	How related to deceased				
		CAUSES OF DEATH				
	Primary Struck by	luque	How long			
RONER	Immediate	1 11	How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	in Shaws	C,		
0 0		Address	learspring			
8	Accident or Suicide?					
			SUB YEAREIL	EAU ABBBIG		

Tun Copy Co Schien July 11, 1901

Name in Full	Violet. Peacl	Red	ensur.		CERTIFICAT	E OF DEATH	
>	Town Cour				MARY	LAND	
	Date / Month of death 190 3	13	Age /		nths	Days	
ERED BY	Sex Frmale.	Color or whe	ti.	Birth- place			
S 1r	Hayre Evon	<u>C.</u>	Where Residing if not at place of death				
100	Married, Single Sungle	Single Name of Wile or Husband					
TO BE	Father's Az. 56. Redusaur			Father's Birthplace			
	Mother's Maria (Mother's Birthplace		
	Name of person giving In formation	0		How related to deceased			
		CAUSE	S OF DEATH				
	Primary La Supper	.,		How long	Sinces	16s	
IAN	Immediate Medling	itis		How long	/		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above				I. Greham.		
9 8			Address Ska	g Esst.	wus	lled	
8	Accident or Suicide?			1		, 5	
					LIBRARY BUREAL	A8851 6	

True boky lep Scheelen July 11, 1902,

Name in CERTIFICATE OF DEATH Full MARYLAND Months Days Date of death 190 3 Birth-Color or FRIEN ANSWERED place Occupation Where Residing if not place of death Married, Single Momed Name of Wile or Husband NEAF Father's Father's Birthplace Mother's Birthplace Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEATH Primary How long ONER How long PHYSICIAN **Immediate** COR Are the name, age, s x, color. date Signature of and place correctly given above? Physician Address Accident or Suicide?

Jun Ceopy Lett Achelle July 11. 1904

Name	5.			
in Full	Mancy Rawland	CERTIFI	CATE OF DEATH	
>-	Died at Hagustown. Fashington	c. M.	ARYLAND	
	Date of death 190 30 Month 2 Age 4 9	Months	Days 23	
ERED BY	Sex Fernal Color or Zohite Bir	th- ce		
S 14	Occupation Where Residing if not at place of death			
TO BE ANSW	Married, Single Widow A Name of Wite or John D. Rove	aland	1	
		ther's rthplace	,	
F		Mother's Birthplace		
		ow related deceased		
	CAUSES OF DEATH			
	Primary Seculity Ho	w long		
CIAN	Immediate	w long		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above? Signature of Physician Physician	tauffer		
0 E	Address IV a gu	stown To	112	
2	Accident or Suicide?			
		LIBRARY BUT	EAU-488516	

June Copy le RScheeu July 11.1901

Name in Full CERTIFICATE OF DEATH Died at MARYLAND Month Months Date Days of death 190 Age 0 0 Birth-Color or ANSWERED REST FRIEN Emale place Occupation Where Residing if not at place of death Married, Single Monuel Name of Wile or Husband NEAF TO BE Father's Father's Name Birthplace Mothe Mother's Birthplace How related Name of person giving to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSTCIAN Immediate D Are the name, age, sex, color, date and place correctly given above? Signature of Physician Address OR Accident or Suicide?

Vin Copy leRScheile July 11.1 904

Name in Full	Hannal With	nu Sp	sul	ua	w		CERTIFIC	ATE OF DEATH
ВУ	Died at Laguston		The		unty			RYLAND
	Daye of death 1903 Month	2°S	Age	Years		M	onths //	Days 25
	Sex Fruale	Color or Sor	hele	,		Birth- place		
ANSWERED	Occupation		Where Re at place of	siding if no f death	ot			
ANSW	Married, Single Curyle or Widowed Curyle	Name of Wife or Husband						
N EA	Father's Edward	J. April	luo	ue'	,	Father's Birthplace		
0 L	Mother's Maiden Name July a D	X. Ka	su	, 'i		Mother's Birthplace		
	Name of person giving In formation	· C				How related to deceased		
		CAUSE	S OF DEAT	гн				
	Primary Supticage	ria.				How long		
CIAN	Immediate Ex hau	stran				How long		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		ignature of hysician	Tie	Laj	D.	Mu	lu.
9 6			Addre	ESS X	age	uto	rwu	med
8	Accident or Suicide?				0			•
							LIBRARY GURE	AU A88816

Line Copy leRteleeur July 11, 1904

Name	n 1	100			
in Full	Munic Gutre	de Spricher	CERTIF	ICATE OF DEATH	
	Died at Hutle Town	Ashing!	-	ARYLAND	
	Date of Jeath 1903 Month	Day Age Years	Months //	20	
ED BY	Sex Fernale Color Race	or white,	Birth- place		
ANSWERED	Occupation Jamestic	Where Residing if not at place of death			
	Married, Single Name or Widowed Husba	of Wile or			
EAS	Father's Spricher "		Father's Birthplace		
٠ ٢	Mother's Maidey Name Vy June	Mother's Birthplace			
	Name of person giving In formation	How related to deceased			
		CAUSES OF DEATH]	13	
	Primary Sulercu	lose's	How long Source	nuch	
CIAN	Immediate 4		How long		
PHYSICIAN OR CORONE	Are the name, age, sex, color, date and place correctly given above?	Signature of O/9	Boyle.		
		Address	Loquesto	rou My	
8	Accident or Suicide?		/	STEEN NATED	

En leofey. lett. Schielen July 11, 1904

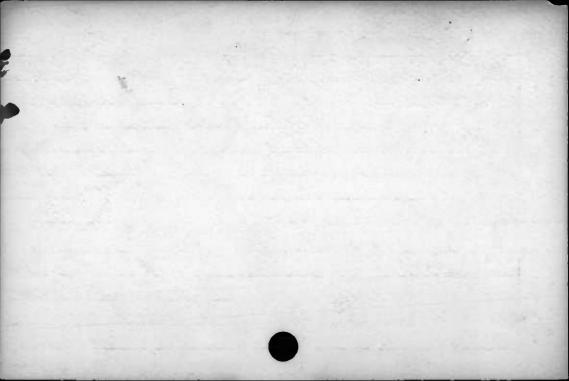
Name in Full CERTIFICATE OF DEATH Died at MARYLAND Date Months Davs Age of death 190 Color or Birth-FRIEN ANSWERED place Occupa: Where Residing if not at place of death NEAREST Name of Wile or or Widowed Husband Father Father Name 0 Mother Mother's Birthplace Maiden Name Name of person giving How related n Strmation to deceased CAUSES OF DEATH How long NEB How long PHYSICIAN **Immediate** 0 Œ Are the name, age, sex, color, date Signature of and place correctly given above? Physician Œ Address 0 Accident or Suicide? LIBRARY BUREAU ABSSIG

Sur Copy le Richer July 11, 1904,

in Full	Edward X	leacer	neu.	CERTIFI	CATE OF DEATH	
	Died at Sharpsta	urg	2/00h	1	ARYLAND	
>	Date of death 190 3 Month	Day	Age/ 33	Months	Days	
E C E	Sex Male	Color or CC	rhete	Birth- place		
ANSWERED	Occupation		Where Residing if not at place of death		(A)	
TO BE ANSV	Married, Single Morried,	Name of Wile or Husband	addie Si	ucener	100	
				Father's Birthplace		
	Mother's Maiden Name amile Mendal.			Mother's Birthplace		
	Name of person giving Imformation			How related to deceased		
	1	CAUSE	S OF DEATH		33	
	Primary Julhhora	/ FEVE	,2 ,	How long 3co	Ks	
TYSICIAN	Immediate Aprelestin	al Hun	worhage.	How long		
PHYSICIAN R CORONEI	Are the name age, sex, color, date and place correctly given above?		Signature of Physician	W. Garron	t'	
PHO A			Address Sh	arpsbur	gulla.	
	Accident or Suicide?				O	
		,		LIBRARY SU	REAU ABOSTS	

Inu Copy, L. Deheller July 11, 1901

Name James a Mu CERTIFICATE OF DEATH Died at Halling Waters Months of death 1903 . Mar Birth-place Perma Sex male NSWER Married Single R. K. Brakeman. Father's Father's Birthplace Mother's Birthplace Name of person giving D. H. Commerce CAUSES OF DEATH Primary How long ER PHYSICIAN Z K Signature of Prysican Are the name, age sex color date and place correctly given above? E Accident or Suicide? LIBRARY BUREAU ASSELLE



Name Mrs Elano Valentine Full CERTIFICATE OF DEATH aquistow MARYLAND Date Months of death 190 C Age Color or Birth-FRIEN ANSWERED place Occupation. Where Residing if not applace of death Married, Single Name of Wife or or Widowed Husband œ M NEA Father's Birthplace 0 Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long ONER How long PHYSICIAN OR Are the name, age, sex, color.d Signature of and place correctly given aceve? Physician Adde Accident or Suicide? LIBRARY BUREAU ASSOLS

Inne Ceopy LeR Scheller July 11. 1904

in Full	Infaul of Ed.	W. Wee	leauis		CERTIFICA	TE OF DEATH	
A	Bied at Haguston	Jown County			MARYLAND		
	of death 1903 Month	Day	Years /	Мо	onths	Days	
ED BY	Sex male	Color or Zun	hete	Birth- place			
ANSWERED	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed	Name of Wile or Husband					
NEA NEA				Father's Birthplace			
10	Mother's Morgaret Wollace,			Mother's Birthplace			
	Name of person giving In formation				How related to deceased		
		CAU	SES OF DEATH				
	Primary	has a	Broslo.	How long	Thro	- 15	
CIAN	Immediate	1.		How ions	100		
PHYSICIAN OR CORONE	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ma	gau	-	
			Address	rusta	wy	lod_	
8	Accident or Sulcide?		1			7	
					LIBRARY BUREAL	A60016	

True leopy let Scheeler July 11, 1904

Name in Full	Mony S. Wright.	CERTIFICA	TE OF DEATH
BY	Died at Miliamishout Nashing of over		RYLAND
	Date of death 190 3 3 Age 162	Months	Days •
	sex Trusle Color or white - Bir	rth-	
ANSWERED REST FRIEN	Occupation Where Residing If not at place of death way	bl 6 Mm	ght.
	Married, Single Morried, Name of Wile or Husband	0	
TO BE		ther's rthplace	
		other's irthplace	
		ow related deceased	
	CAUSES OF DEATH		
	Primary Valorelor Steor Desease Ho	ow long 6 gre	71
CIAN	Immediate Heart Facture	ow long	
PHYSICIAN R CORONEI	Are the name, age, sex, color tate and place correctly given scove? To. Signature of Physician	esher,	
POR	Address Will	eaus po	the det
	Accident or Suicide?		
		LIBRARY BURE	U A88516

Vine la July 11/04